

ber and degree of the nervous symptoms followed the operation. In twenty-four cases an entire cure resulted; all the nervous symptoms disappearing sooner or later after the extirpation. In six of the eight remaining cases a decided improvement was produced. An explanation for the failure in the two cases mentioned is found in local conditions which the operation necessarily failed to reach.

M. A. S.

MENTAL PATHOLOGY.

Insanity in the United States. Dr. A. D. WRIGHT (Conference of Charities, Eleventh Session, October, 1884) gives the following table of the proportions of the insane to the sane in the United States:

NEW ENGLAND STATES.

Maine, one insane to every	421
New Hampshire, one insane to every	329
Vermont, " "	327
Massachusetts, " "	348
Rhode Island, " "	404
Connecticut, " "	361
Total population, 4,010,629; one insane to every	359

MIDDLE STATES.

New York, one insane to every	362
New Jersey, " "	470
Pennsylvania, " "	516
Total population, 10,496,878; one insane to every	424

INTERIOR STATES.

Ohio, one insane to every	439
Illinois, " "	600
Indiana, " "	558
Michigan, one insane to every	586
Wisconsin, " "	521
Total population, 13,091,477; one insane to every	610

NORTHWESTERN STATES.

Iowa, one insane to every	639
Minnesota, one insane to every	681
Kansas, " "	996
Nebraska, " "	1,095
Total population, 3,853,886; one insane to every	750

SOUTH MIDDLE STATES.

Delaware, one insane to every	740
Maryland, " "	504
Virginia, " "	627
North Carolina, one insane to every	690
Total population, 3,993,866; one insane to every	610

SOUTH INTERIOR.

West Virginia, one insane to every	630
Kentucky, " "	592
Tennessee, " "	642
Missouri, " "	655
Total population, 5,977,886; one insane in every	629

EXTREME SOUTHERN STATES.

South Carolina, one insane to every	895
Georgia, " "	908
Florida, " "	1,065
Alabama, " "	830
Mississippi, " "	987
Louisiana, " "	938
Arkansas, " "	1,017
Texas, " "	1,018
Total population, 8,499,572 ; one insane to every	935

PACIFIC SLOPE.

California, one insane to every	345
Oregon, " "	462
Washington, " "	556
Nevada, " "	2,008
Total population, 1,176,844 ; one insane to every	385

WESTERN STATES AND TERRITORIES.

Dakota, one insane to every	1,878
Montana, " "	664
Idaho, " "	2,038
Wyoming, " "	5,197
Colorado, " "	1,963
New Mexico, one insane to every	781
Utah, " "	953
Arizona, " "	1,926
Total population, 725,994 ; one insane to every	1,263

The proportion of insanity among the whites of the South is as follows :

Delaware, one insane to every	807
Maryland, " "	453
Virginia, " "	512
North Carolina, one insane to every	544
West Virginia, " "	627
Kentucky, " "	564
Tennessee, " "	558
Missouri, " "	639
South Carolina, " "	607
Georgia, " "	635
Florida, " "	848
Alabama, " "	597
Mississippi, " "	670
Louisiana, " "	652
Arkansas, " "	939
Texas, " "	950

It is curious that in this paper Dr. Wright should have completely ignored the influence an insane errabund tendency has in increasing the proportion of insanity when very marked in the Pacific States as well as in Maryland, where the insane immigrant very frequently remains in the city where he has landed (Baltimore).

Insanity in Italy.—VERGA (*Archivio Italiano per la Malatie Nervose*, Jan., 1886) concludes from a study of Italian lunacy statistics for the past five years, first : That the congenital types of insanity and those developing on an alcoholic, hysterical, or

epileptic basis as a rule seem to increase in frequency, but that the moral and cyclical psychoses are diminishing or remain stationary; the sensorial, senile, and puerperal types are also diminishing or remaining stationary. Second: Mania, melancholia, monomania, and dementia remain in much the same general proportion. Third: Furious mania does not seem to increase in frequency. Fourth: Depression is most frequent. Fifth: The congenital, moral, epileptic, alcoholic, and paralytic types of insanity are most frequent among men; furious mania, sensorial, pellagrous and senile insanity. Sixth: Pellagrous insanity is infrequent in Naples and Sicily, and absent in Venice. Alcoholic insanity is more frequent in Upper than Lower Italy. Cretinism is most frequent in Lombardy. Puerperal and hysterical psychoses are most frequent in Venice. Epileptic in Tuscany; alcoholic in Liguria. Seventh: Two thirds of the cases admitted to Italian insane hospitals are chronic and incurable. Eighth: In Italy insanity is very prevalent between twenty-one and forty, also in unmarried persons. Ninth: Suicidal tendencies and sitophobia propensities are most frequently manifested by the female sex.

A Seventeen-year-old Paretic Dement. (*L'Encéphale*, Nos. 51 and 85.)

RÉGIS has reported the case of a seventeen-year-old paretic dement, who in early infancy acquired syphilis from his wet nurse. There were very irregular symptoms, and exalted delusions were wanting. The patient sank rapidly into extreme dementia.

Paretic Dementia and Syphilis. (*Deutsche Med. Woch.*, No. 33, 1885.)

MENDEL gives the following figures as representing the percentage of cases in which syphilis was found by the authorities cited in paretic dementia and the non-paretic psychoses:

Obersteiner	21 $\frac{8}{10}$	per cent.	against	4 $\frac{1}{10}$	per cent.
Lange	33	"	"	2	"
Oebeke	25	"	"	8	"
Mendel	75	"	"	18	"
Nasse	35	"	"	1	"
Reinhardt, private patients	73	"	"	16 $\frac{7}{10}$	"
" public "	73	"	"	8 $\frac{9}{10}$	"

Insane Self-Mutilation to Secure Pecuniary Damages.

—Dr. THEO. W. FISHER (Report of the Boston Lunatic Hospital, Dec. 31, 1885) reports the following case, which is of considerable forensic value, indicating a clear knowledge of the legal consequences of an act, and also a desire to profit by these consequences. A chronic, persecutory, delusional, and hallucinated lunatic escaped from the garden where he was at work with the gardener, and was concealed by his friends, who professed to consider him sane. A lawyer was employed to secure his dis-

charge. After several weeks he was arrested by the police, and while being taken to the station deliberately put his foot under a horse-car wheel, for the purpose of being taken to the City Hospital and getting damages from the city or the railroad company.

Kalmuc Idiocy.—Dr. SHUTTLEWORTH (*British Medical Journal*, Jan. 30, 1886) says : There is a variety of imbecility, probably scrofulous, which has obtained from its physiognomical characters the name of the "Mongol" or "Kalmuc" type. Dr. Shuttleworth has numerous cases of that type in his institution (perhaps 3 per cent. of its population), and in all there is a certain family resemblance, though they come from widely distant parts of the district. They all have a skin coarse in epidermis, if not furfuraeous ; many have sore eyelids, some fissured lips ; but one most striking peculiarity is the state of the tongue, which is transversely fissured and has hypertrophied papillæ. Many have almond-shaped eyes obliquely set, and this feature, with the squat nose and wiry hair, gives the "Mongol" aspect, whence they derive their name. Dr. Shuttleworth believes that they are, in fact, unfinished children, and that their peculiar appearance is really that of a phase of foetal life. He does not mean that they are necessarily prematurely born, but some cause has depressed the maternal powers, and there has been a defect of formative force. It is remarkable that nearly half these children are the last born of a long family, and in more than one third a phthisical history has been traced. They are generally delicate in body, and very susceptible to cold ; mentally they have good imitative powers, are often very fond of music, and dance and drill well. Comparatively few grow up to be men and women, and, as a rule, they die of phthisis before twenty. Dr. Kiernan (*Detroit Lancet*, April, 1884) suggests that in many cases these Kalmuc idiots are instances of atavism, the Aryan races having absorbed two Mongolian races, the Picts and the Firbolgs, and this ætiological element should receive some attention.

Cocaine in Insanity.—It has been stated by Dr. BROWER (*Journal of the American Medical Association*, Jan. 17, 1886) that the best results yet obtained from the drug have been in cases of mental depression. . . . Dr. A. B. Shaw speaks with some degree of positiveness of its value in the insanities with depression. Dr. Shaw (*St. Louis Courier of Medicine*, March, 1886) has, however, either changed his opinion, or Dr. Brower has misunderstood him, for he says : "Nothing can be more supremely ridiculous than the attempt to cure insanity by the use of a drug that not only induces those conditions which predispose to insanity and intensifies them where they already exist, but will, in a remarkably short time, produce insanity. I have seen a melancholiac attempt suicide by cutting the radial artery three times in ten days, while he was receiving cocaine to such an extent that it seriously impaired

his desire for food and his general nutrition and strength. While insane patients that could scarcely be induced to take nourishment have under the influence of cocaine partaken more freely of food than they did before its administration, yet the daily use of cocaine, even in small doses, seems to invariably impair the desire for food, although the contrary is generally stated by the patient, notwithstanding he is gradually losing weight and strength." Dr. Brower further says: Although the bad effect of the drug upon the digestive and assimilative processes, and upon the secretions, has frequently disappointed him in its use, he has given the drug several hours before eating, in order to avoid anorexia, but even with this precaution it was frequently found impossible, while using it, to give that great abundance of food, systematic feeding, which is the most valuable therapeutic measure in melancholia. In a case of profound melancholia in a physician aged forty-five, the result of excessive professional work in a large country practice, cocaine was given in one-grain doses three times a day, with pil. hydrargyri, aloes, and strychnia. His recovery was rapid, and has continued for four months. A melancholiac forty-eight-year-old woman under this combined treatment recovered rapidly. The drug was administered in pill form, and probably because of its combination did not interfere with the free use of egg-nog and other concentrated food in large quantities. Dr. Catlett, Fulton, Mo., (*Journal of the American Medical Association*, Feb. 6, 1886,) concludes from an extensive use of cocaine in insanity during the past six months:

1. It is an agent possessed of great potency. It acts primarily with great power and celerity upon the cerebral and spinal nervous system, and secondarily upon the heart and vascular system.
2. From its potency and rapidity of action it is liable to initiate organic lesions and functional disturbances which are uncontrollable. It is not uniform in its action, and therefore is an uncertain agent.
3. Its effects are too transient and unstable to become a reliable and efficient remedy in constitutional or organic diseases. The aphrodisiac effects attributed to it have not been observed, neither have the intense nausea and inability to vomit been observed. Its permanent beneficial effects in melancholia and allied affections are not established facts in his opinion.
4. As it is an agency of great potency, and as it is under trial to determine its limits of usefulness and danger, it should be prescribed with increasing precaution and discretion. The experience with cocaine here narrated is the experience with hyoscyamine retold. Used without due care on the extravagant laudations of experimenters destitute of analytic power, a reaction naturally occurred from its proving, like all neurotics, not destitute of danger where carelessly used. Like opium, it, *a priori*, might have been expected to lock up the gastro-intestinal secretions in some cases, but this was entirely ignored in the furor which followed the discovery of Koller. In the writer's opinion fluid extract of coca has advantages which the alkaloid does not possess,

and given in combination with drugs which act on an atonic gastro-intestinal canal is of value in true melancholia, but is decidedly contra-indicated in the epileptic, traumatic, phthisical, senile, menopause, hysterical, and other psychoses with delusions of suspicion and persecution very generally fused together under that term. At the same time it must also be admitted that in cases of melancholia associated with lithæmia and præexisting oxaluria coca or its alkaloid would seem to be contra-indicated.

Moral Imbecility. Dr. SHUTTLEWORTH (*British Medical Journal*, Jan. 30, 1886) says :

"Primarily neurotic cases (of imbecility) depend upon inherited instability of the nervous system and are characterized by abnormal excitability. The senses and the perceptions may be sharp enough, but there is a painful restlessness, an incapacity of sustained mental application, and often strange propensities for mischief and cruelty. . . . Such cases of moral imbecility too often tend to insanity at puberty." Unfortunately for the community and themselves, the moral imbeciles do not always become demonstrably insane. Then, too often, as Crichton Brown says, they are "actuated by impulse or by the most selfish, depraved, and cruel motives"; they present, "in short, a perfect picture of the desperado and ruffian." The existence of "moral imbecility, like the existence of every thing else, has been called into question, and there are not lacking those who would send the 'moral imbecile' to the penitentiary or the scaffold." It has been denied that moral imbecility exists: on the one hand, because innate ideas do not exist; and on the other, because they do. The arguments drawn from the teachings of the contending schools sufficiently offset each other as to destroy even a theoretical basis for objection against the clinical fact. This is still more strikingly shown by the fact that two alienists who accept the clinical entity adopt opposing views of the nature of the moral sense. Bannister (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1877) says: "Whether we consider this moral sense as a *primary feeling*, as seems probable for many reasons, or as a derivative one composed of still more elementary feelings, or as a necessary sequent of some other state, it does not alter the case as regards the present question of moral insanity. By this term we mean a disease of the brain affecting alone its functions as the organ of the moral nature, disordering the capacity to receive moral impressions and the ability to control conduct for moral ends. Spitzka, on the other hand ("Insanity: Its classification, Diagnosis, and Treatment"), says: The mental state of the imbecile has been very well expressed by the statement that those *mental coördinations* acquired in the course of a higher civilization have not been formed in him. Moral defect is a prominent feature of some cases, and this condition may be the chief manifestation of mental deficiency. There are subjects whose reason-

ing powers are fair, whose memory is excellent, who are, perhaps, accomplished in the arts, but in whom the moral sense is either deficient or entirely absent. The term moral insanity should be limited to this class of subjects, and a much better term would be moral imbecility."

Psychical Character of Hereditary Paranoiacs. MAGNAN (*Annales Médico-Psychologiques*, Jan., 1886) says that the predominant feature in the hereditary types of paranoia is the disharmony and lack of equilibrium, not only between the intellectual operations, properly so-called, on the one hand, and the emotions and propensities on the other, but even between the intellectual faculties themselves. A hereditary paranoiac may be a scientist, a noble lawyer, a great artist, a mathematician, a politician, a skilled administrator, and present from a moral standpoint profound defects, strange peculiarities, and surprising lapses of conduct, and as the moral element, the emotions, and propensities are the base of determination, it follows that these brilliant faculties are at the service of a bad cause—of the instincts and appetites which, thanks to defects of the will, lead to very extravagant or very dangerous acts. In other cases the opposite occurs. Hereditary paranoiacs of irreproachable character show strange lacunæ in their intellect. They have a feeble memory. Sometimes they cannot understand figures, calculus, music, or drawing. In a word, another wise modern intelligence is lacking as regards certain faculties. The perception centres are unequally impressionable, unequally apt to gather together impressions; only certain impressions are registered and leave durable images; otherwise certain relations, certain associations between different centres, are perverted or even entirely destroyed.

Insanity and Aural Disease. Dr. G. C. CATLETT (*American Journal of Insanity*, January, 1885,) Fulton, Mo., reports the following case of insanity associated with aural disease. A., twenty-one years old, single, farmer; had been a man of good moral habits, except as to masturbation. He has had double aural inflammation in both ears from scarlatina since he was eighteen years old, and pus flows from both ears since that time. His first attack of insanity of indefinite duration, since he has been very eccentric for some years. He was peculiarly restless and made constant circular motions, walking around in a circle to the right. He had tinnitus aurium, heard persons conversing with him, frequently looked out of the window to see who the persons were whom he heard talking, etc. A paternal aunt was insane. He is insomniac, self-willed, perverse, but eats well; suspicious, fearful of personal injury, very obstinate, and refuses to comply with the request of physicians or attendants. Restraint was needed to examine and treat his ears. Both auditory canals filled with hardened dried pus and cerumen. When the obstructions were

removed both drums were found to be perforated, and discharged from the internal ears. Both Eustachian tubes were free, as bubbles of fluid could be seen escaping through the ears when air was forced through the tubes. Hearing improved and the tinnitus diminished, the hallucinations became less, also the disposition to keep in motion either in the right circular direction or otherwise, as the disease in the ears improved. Without further details of the case it is satisfactory to state that this man returned home in four months recovered from his insanity and his aural disease. It is more than probable that the hallucinations only were removed and the insanity still remains.

Melancholia from Paranoia. Dr. KIERNAN (*American Lancet* January, 1886,) cites the following case: "In melancholia, stuporous insanity, and in certain phases of depression which mark other psychoses the cerebral disease seems (to use Clouston's words) to exert an inhibitory action on cardio-motor innervation, causing the pulse to be small, the arterial tone low, and the capillary circulation very weak indeed, and in many cases there are very decided thoracic symptoms accompanied by mental distress resembling attacks of suffocation, accompanied by precordial fright as it has been termed. For these reasons quebracho would seem to be indicated in melancholia and the psychoses mentioned. While aware of the theoretical basis for the use of quebracho in the psychoses named my attention was especially attracted to a case of what seemed to be melancholia with the facies, capillary circulation, and emotional depression well marked. The patient, a woman, had phthisis, and had been deserted by her husband. She ran down rapidly and at one time seemed almost moribund from dyspnœa. To relieve this, quebracho in half-drachm doses every two hours was given, with very beneficial results not only on the dyspnœa, but also on the patient's mental condition. She seemed to markedly rally from her depression, and the facies and depression of melancholia disappeared, but an insanity of manner made its appearance, and it was found on careful investigation the patient had systematized delusions of grandeur for several years before being suspected of any mental disease, and that, therefore, the melancholia was a complication of a preëxisting paranoia which had not been suspected.

J. G. KIERNAN, M.D.

THERAPEUTICS OF THE NERVOUS SYSTEM.

Production of Sweat in Various Diseases and the Effects of Pilocarpine. By E. DE RENZI. Quoted from *Gaz. Med. di Torino* in *Gaz. degli Ospitali*. 7 Marzo, 1886. No. 19. P. 149.

The author from clinical experimentations comes to the following conclusions :